

HASP FORM

UNITED STATES DEPARTMENT OF AGRICULTURAL
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

FORM 13 Daily Report Form

Number of Injuries: 1st aid _____ Recordable _____

Number of automobile accidents: _____

Number of other incidents (spills, equipment damage, etc.): _____

List what these incidents were: _____

Number of Training sessions conducted:

Initial training _____ Other _____

List the "other" training conducted: _____

Rotation Statistics:

Average number of days worked (all employees): _____

Average number of days worked (Officers): _____

Average number of hours worked in day: _____

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Safety Concerns during this work period: _____

Corrective actions implemented: _____

Incident Commander de-briefing:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____